

Congressman Chris Stewart, District 2 Consent for Release of Personal Records

I have sought assistance from Congressman Chris Stewart on a matter that may require the release of information maintained by your agency, and which you may be prohibited from dissemination under the **Privacy Act of 1974**. I hereby authorize the release of all relevant portions of my records or to discuss problems involved in this case with Congressman Chris Stewart or any authorized member of his staff until this matter is resolved.

Name:				
	First	Middle	Last	
Address:		City:		
State:	Zip:	Primary Pl	none: ()	
Email:			☐ Home ☐ Cell ☐ Work	
Date of Birth: _		Social Security Numb	per:	
Case, File or Ro	egistration Number:			
Type of issue a	nd agency you are worki	ng with:		
Are you workir	ng with another Congress	person/Senator? ☐ Yes ☐ 1	No Who:	
Are you workin	ng with legal counsel? \square	Yes No Who		
Do you have an	ny pending issues with th	e IRS? □ Yes □ No		
Have you been	charged with any crimes	?□ Yes□ No		
correct informat	ion regarding my situation.		staff I am obligated to provide true and tion or any deliberate attempt to of assistance.	
Signature (no e	-signatures)		Date	

provide a detailed explanation.				
Summary of Problem:				

It is critically important for you to provide a detailed explanation of the problem and a timeline of related events on this or another paper. In addition, if you answered yes to any of the questions on the previous page, please